

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

| | | | |
|---|--|--|--|
| NAME OF COMMITTEE (In Full) American Opportunity PAC | | FEC IDENTIFICATION NUMBER ▼ C C00550368 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Multi Media Services, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2016 | |
| Mailing Address 915 King Street, 2nd FL | | Amount 7500.00 | |
| City Alexandria | State VA | Zip Code 22314 | Transaction ID : SE.4218 |
| Purpose of Expenditure media placement | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Marco Rubio | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | | | |
|---|--------------------|---|---|
| Full Name of Payee Santana Media, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2016 | |
| Mailing Address 12030 SW 129 Court, #202 | | Amount 750.00 | |
| City Miami | State FL | Zip Code 33186 | Transaction ID : SE.4212 |
| Purpose of Expenditure media production | | Category/Type | Date of Disbursement or Obligation MM / DD / YYYY |
| Name of Federal Candidate Marco Rubio | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: FL |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ | |

| | |
|--|-----------------|
| (a) SUBTOTAL of Itemized Independent Expenditures.....▶ | 75750.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures▶ | |
| (c) TOTAL Independent Expenditures.....▶ | |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy Watkins

[Electronically Filed]

Date

MM / DD / YYYY
03 / 12 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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| PAGE | 2 | OF | 2 |
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| NAME OF COMMITTEE (In Full) American Opportunity PAC | | FEC IDENTIFICATION NUMBER ▼ C C00550368 | |
| Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report | | <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on | |

| | | | |
|---|-------------------|--|--------------------------|
| Full Name of Payee Santana Media, Inc. | | Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 12 / 2016 | |
| Mailing Address 12030 SW 129 Court, #202 | | Amount 4500.00 | |
| City Miami | State FL | Zip Code 33186 | Transaction ID : SE.4214 |
| Purpose of Expenditure media placement | Category/ Type | Date of Disbursement or Obligation MM / DD / YYYY | |
| Name of Federal Candidate Marco Rubio | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: FL | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____ | |

| | | | |
|---|-------------------|--|--|
| Full Name of Payee | | Date of Public Distribution/Dissemination MM / DD / YYYY | |
| Mailing Address | | Amount | |
| City | State | Zip Code | Date of Disbursement or Obligation MM / DD / YYYY |
| Purpose of Expenditure | Category/ Type | | |
| Name of Federal Candidate | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ | |

| | |
|---|----------|
| (a) SUBTOTAL of Itemized Independent Expenditures..... ▶ | 4500.00 |
| (b) SUBTOTAL of Unitemized Independent Expenditures ▶ | |
| (c) TOTAL Independent Expenditures..... ▶ | 80250.00 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy Watkins

[Electronically Filed]

Date

| | | |
|----|----|------|
| MM | DD | YYYY |
| 03 | 12 | 2016 |

Signature